



Send completed forms to
DOH Communicable
Disease Epidemiology
Fax: 206-418-5515

LHJ Use ID _____
☐ Reported to DOH Date ____/____/____
LHJ Classification ☐ Confirmed
☐ Probable
By: ☐ Lab ☐ Clinical
☐ Other: _____
Outbreak # (LHJ) _____ (DOH) _____

DOH Use ID _____
Date Received ____/____/____
DOH Classification
☐ Confirmed
☐ Probable
☐ No count; reason:

Hepatitis, unspecified (infectious)

County _____

REPORT SOURCE

Initial report date ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Investigation
start date:
____/____/____

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age _____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: _____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Discrete onset of symptoms

☐ ☐ ☐ ☐ Diarrhea Maximum # of stools in 24 hours: _____

☐ ☐ ☐ ☐ Pale stool, dark urine (jaundice)

Onset date ____/____/____

☐ ☐ ☐ ☐ Abdominal cramps or pain

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ Loss of appetite (anorexia)

☐ ☐ ☐ ☐ Fatigue

Vaccinations

Y N DK NA

☐ ☐ ☐ ☐ Received any doses of hepatitis A vaccine

Year of last HAV vaccine dose: _____

Number of doses of HAV vaccine in past: _____

☐ ☐ ☐ ☐ Received any doses of hepatitis B vaccine

Year of last HBV vaccine dose: _____

Number of doses of HBV vaccine in past: _____

If 3 hepatitis B vaccine doses, titer of HBV
antibody test 1-6 mo's from third HBV dose: _____

Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ History of viral hepatitis, specify type:

Hepatitis A ☐ ☐ ☐ ☐

Hepatitis B ☐ ☐ ☐ ☐

Chronic hepatitis B infection
(HBsAg positive > 6 months) ☐ ☐ ☐ ☐

Hepatitis C ☐ ☐ ☐ ☐

Hepatitis D ☐ ☐ ☐ ☐

Other viral hepatitis ☐ ☐ ☐ ☐

Hepatitis of unknown type ☐ ☐ ☐ ☐

Y N DK NA

☐ ☐ ☐ ☐ Pregnant

Estimated delivery date ____/____/____

OB name, address, phone: _____

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

Laboratory

P = Positive O = Other, unknown
N = Negative NT = Not Tested
I = Indeterminate

Collection date ____/____/____

P N I O NT

☐ ☐ ☐ ☐ ☐ Hepatitis A IgM (anti-HAV)

☐ ☐ ☐ ☐ ☐ Hepatitis B core antigen IgM (anti-HBc)

☐ ☐ ☐ ☐ ☐ HBsAg

☐ ☐ ☐ ☐ ☐ HCV RNA by nucleic acid amplification test
[NAAT]

☐ ☐ ☐ ☐ ☐ HCV RIBA (recombinant immunoblot
assay)

☐ ☐ ☐ ☐ ☐ Hepatitis D (delta) antibody

☐ ☐ ☐ ☐ ☐ Serum aminotransferase (SGOT [AST] or SGPT
[ALT]) elevated above normal

☐ ☐ ☐ ☐ ☐ Serum aminotransferase (SGOT [AST] or SGPT
[ALT]) levels >2.5 times the upper limit of
normal

☐ ☐ ☐ ☐ ☐ Lab test for acute HDV infection

☐ ☐ ☐ ☐ ☐ Lab test for acute HEV infection

INFECTION TIMELINE (Estimate)

Enter onset date (first
sx) in heavy box.
Count forward and
backward to figure
probable exposure and
contagious periods

Weeks from
onset:

Exposure period

-8 -2

Calendar dates:

o
n
s
e
t

Contagious period

2 weeks prior,

to months after, onset

EXPOSURE (Refer to dates above)

Y N DK NA

- ☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine
Out of: ☐ County ☐ State ☐ Country
Dates/Locations: _____
- ☐ ☐ ☐ ☐ Case knows anyone with similar symptoms
- ☐ ☐ ☐ ☐ Contact with confirmed or suspect hepatitis B case
☐ Casual ☐ Household ☐ Sexual
☐ Needle use ☐ Other: _____
- ☐ ☐ ☐ ☐ Birth mother has history of viral hepatitis
- ☐ ☐ ☐ ☐ Birth mother - HBsAg positive
- ☐ ☐ ☐ ☐ Birth mother has history of hepatitis C infection
- ☐ ☐ ☐ ☐ Congregate living Type: _____
☐ Barracks ☐ Corrections ☐ Long term care
☐ Dormitory ☐ Boarding school ☐ Camp
☐ Shelter ☐ Other: _____
- ☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)
- ☐ ☐ ☐ ☐ Food from restaurants
Restaurant name/Location: _____
- ☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g. surface, well)
- ☐ ☐ ☐ ☐ Hospitalized during exposure period
- ☐ ☐ ☐ ☐ Any medical or dental procedure:
- ☐ ☐ ☐ ☐ Hemodialysis
- ☐ ☐ ☐ ☐ IV or injection as outpatient
- ☐ ☐ ☐ ☐ Blood transfusion or blood products (e.g. IG, factor concentrates) Date of receipt: ____/____/____
- ☐ ☐ ☐ ☐ Organ or tissue transplant recipient, date: ____/____/____
- ☐ ☐ ☐ ☐ Dental work or oral surgery
- ☐ ☐ ☐ ☐ Non-oral surgery Type: _____
- ☐ ☐ ☐ ☐ Acupuncture
- ☐ ☐ ☐ ☐ Accidental parenteral exposure to blood

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Y N DK NA

- ☐ ☐ ☐ ☐ Accidental non-intact skin or mucous membrane exposure to blood
- ☐ ☐ ☐ ☐ Employed in job with potential for exposure to human blood or body fluids Job type: _____
☐ Public Safety ☐ Health care (e.g. medical, dental, laundry) ☐ Tattoo or piercing ☐ Other
Frequency of direct blood or body fluid exposure
☐ Frequent (several times weekly)
☐ Infrequent ☐ Unknown
- ☐ ☐ ☐ ☐ Shared razor, toothbrushes or nail care items
- ☐ ☐ ☐ ☐ Body piercing
☐ Home ☐ Commercial ☐ Prison ☐ Unk
- ☐ ☐ ☐ ☐ Tattooing
☐ Home ☐ Commercial ☐ Prison ☐ Unk
- ☐ ☐ ☐ ☐ Other body modification (e.g. scarification)
- ☐ ☐ ☐ ☐ Non-injection street drug use
Shared equipment non-IDU ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Injection street drug use, type: _____
Shared injection equipment ☐ Y ☐ N ☐ DK ☐ NA
- ☐ ☐ ☐ ☐ Born outside US
- ☐ ☐ ☐ ☐ Foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Specify country: _____
- ☐ ☐ ☐ ☐ Household or sexual contact from endemic country, specify country: _____
- ☐ ☐ ☐ ☐ Any type of sexual contact with others
female sexual partners (exposure period): ____
male sexual partners (exposure period): ____
lifetime total sexual partners: ____
- ☐ ☐ ☐ ☐ Physical assault on exposed person involving blood or semen
- ☐ ☐ ☐ ☐ Ever diagnosed with an STD
Treated for STD ☐ Y ☐ N ☐ DK ☐ NA
Year of most recent treatment: _____
- ☐ ☐ ☐ ☐ Other blood or body fluid exposure
Other exposure source: _____

Most likely exposure/site: _____

Site name/address: _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y N DK NA

- ☐ ☐ ☐ ☐ Employed as food worker
- ☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks, receptions) during contagious period
- ☐ ☐ ☐ ☐ Employed as health care worker, if yes: Employed in a job with human blood exposure: ☐ Several times a week ☐ Infrequently ☐ No ☐ Unknown
- ☐ ☐ ☐ ☐ Patient in a dialysis or kidney transplant unit
- ☐ ☐ ☐ ☐ Employed in child care or preschool
- ☐ ☐ ☐ ☐ Attends child care or preschool
- ☐ ☐ ☐ ☐ Does the case or their household members have contact with a childcare or preschool
- ☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: ____/____/____
Agency and location: _____
Specify type of donation: _____
- ☐ ☐ ☐ ☐ Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Notify blood or tissue bank
- ☐ Other, specify: _____

Investigator _____ Phone/email: _____ Investigation complete date ____/____/____

Local health jurisdiction _____ Record complete date ____/____/____